

General Information

CHECKLIST COMPLETED BY:

Name _____ Date _____

Daytime Telephone Number _____

UTILITY CONTACT INFORMATION

Utility Name _____

LOCATION

Street Address _____

Street Address (continued) _____

City _____ State _____ Zip _____

STAFF

Name _____

Title _____

Email _____

Phone (630) 305-5537 Fax (630) 420-1119

PERMITTED TREATMENT & COLLECTION FACILITIES

NPDES or STATE
PERMIT #

PERMITTEE/CO-PERMITTEE/JURISDICTIONS

PERMIT COVERAGE

WWTP
Effluent

Collection
System

Wet-Weather
Facility

<input type="text"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Collection System Description

SYSTEM INVENTORY

		<input type="text"/> NUMBER	# of Treatment facilities	Conveyance & Pumping			
Treatment Facilities	WWTP design capacity	<input type="text"/> MGD		Pipes and pumps	Gravity Sewers	Force Mains	Pump Stations
	Average daily flow	<input type="text"/> MGD		Length/quantity	<input type="text"/> MILES	<input type="text"/> MILES	<input type="text"/> NUMBER
	Average dry weather flow	<input type="text"/> MGD		Age of system	<input type="text"/> PERCENT	<input type="text"/> PERCENT	<input type="text"/> NUMBER
				0 - 25 years old	<input type="text"/> PERCENT	<input type="text"/> PERCENT	<input type="text"/> NUMBER
				26 - 50 years old	<input type="text"/> PERCENT	<input type="text"/> PERCENT	<input type="text"/> NUMBER
				51 - 75 years old	<input type="text"/> PERCENT	<input type="text"/> PERCENT	<input type="text"/> NUMBER
				>76 years old	<input type="text"/> PERCENT	<input type="text"/> PERCENT	<input type="text"/> NUMBER
Access & Maintenance	Manholes	<input type="text"/> NUMBER		Number of inverted siphons _____			
	Number of air vacuum relief valves	<input type="text"/> NUMBER					

SERVICE AREA CHARACTERISTICS

Service area	<input type="text"/> ACRES	Number of Service Connections						
Service population	<input type="text"/> PEOPLE	Residential	Commercial	Industrial	TOTAL			
Annual precipitation	<input type="text"/> INCHES	<input type="text"/> NUMBER	+	<input type="text"/> NUMBER	+	<input type="text"/> NUMBER	=	<input type="text"/> NUMBER

Collection system service lateral responsibility (*check one*)

☐ At main line connection only

☐ Beyond property line/clean out

☐ From main line to property line or easement/cleanout

☐ Other: _____

Combined Sewer Systems

What percent of sewer system is served by combined sewers (i.e., sanitary sewage and storm water in the same pipe)?

PERCENT

Service Population: 149,294 Naperville
 + 13,316 Warrenville
 162,610

Collection System Description

	Gravity Sewers	Force Mains
PIPE DIAMETER		
8 inches or less	<input type="text"/> % PERCENT	<input type="text"/> % PERCENT
9 - 18 inches	<input type="text"/> % PERCENT	<input type="text"/> % PERCENT
19 - 36 inches	<input type="text"/> % PERCENT	<input type="text"/> % PERCENT
>36 inches	<input type="text"/> % PERCENT	<input type="text"/> % PERCENT
PIPE MATERIALS		
Prestressed concrete cylinder pipe (PCCP)	<input type="text"/> % PERCENT	<input type="text"/> % PERCENT
High density polyethylene (HDPE)	<input type="text"/> % PERCENT	<input type="text"/> % PERCENT
Reinforced concrete pipe (RCP)	<input type="text"/> % PERCENT	<input type="text"/> % PERCENT
Polyvinyl chloride (PVC)	<input type="text"/> % PERCENT	N/A PERCENT
Vitrified clay pipe (VCP)	<input type="text"/> % PERCENT	N/A PERCENT
Ductile iron	<input type="text"/> % PERCENT	<input type="text"/> % PERCENT
Non-reinforced concrete pipe	<input type="text"/> % PERCENT	<input type="text"/> % PERCENT
Asbestos cement pipe	<input type="text"/> % PERCENT	<input type="text"/> % PERCENT
Cast iron	<input type="text"/> % PERCENT	<input type="text"/> % PERCENT
Brick	<input type="text"/> % PERCENT	<input type="text"/> % PERCENT
Fiberglass	<input type="text"/> % PERCENT	<input type="text"/> % PERCENT
Other (<i>Explain</i>) _____	<input type="text"/> % PERCENT	<input type="text"/> % PERCENT

City of Naperville
Department of Public Utilities - Water and Wastewater
Pipe Material 2013

PIPE MATERIAL	GRAVITY MAINS	FORCE MAINS
Prestressed concrete cylinder pipe (PCCP)	0%	0%
High density polyethylene (HDPE)	0%	1%
Reinforced concrete pipe (RCP)	3%	0%
Polyvinyl chloride (PVC)	24%	8%
Vitrified clay pipe (VCP)	51%	0%
Ductile iron	3%	71%
Non- reinforced concrete pipe	0%	0%
Asbestos cement pipe	0%	0%
Cast Iron	0%	20%
Brick	0%	0%
Fiberglass	0%	0%
Cement ACP	0%	0%
Concrete (CP)	1%	0%
Extra strong vitrified clay pipe (ESVCP)	0%	0%
Truss Plastic	1%	0%
Truss	1%	0%
RCSP	0%	0%
Cured in place pipe (CIPP)	16%	0%
Total	100%	100%

Engineering Design (ED)

ED-01	Is there a document which includes design criteria and standard construction details? <i>City specifications and design document are both online</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ED-02	Is there a document that describes the procedures that the utility follows in construction design review? <i>Same as above</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ED-03	Are WWTP and O&M staff involved in the design review process?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ED-04	Is there a procedure for testing and inspecting new or rehabilitated system elements both during and after the construction is completed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ED-05	Are construction sites supervised by qualified personnel (such as professional engineers or certified engineering technicians) to ascertain that the construction is taking place in accordance with the agreed upon plans and specifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ED-06	Are new manholes tested for inflow and infiltration? <i>Vacuum Test</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ED-07	Are new gravity sewers checked using closed circuit TV inspection? <i>TV before bond expires</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ED-08	Does the utility have documentation on private service lateral design and inspection standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ED-09	Does the utility attempt to standardize equipment and sewer system components?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satellite Communities and Sewer Use Ordinance (SUO)

SUO-01	Does the utility receive flow from satellite communities? IF NO, GO TO PAGE 6	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SUO-02	What is the total area from satellite communities that contribute flow to the collection system? (<i>Acres or square miles</i>)	<hr/>	
SUO-03	Does the utility require satellite communities to enter into an agreement? IF NO, GO TO QUESTION SUO-06.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SUO-04	Does the agreement include the requirements listed in the sewer use ordinance (SUO)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SUO-05	Do the agreements have a date of termination and allow for renewal under different terms?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SUO-06	Does the utility maintain the legal authority to control the maximum flow introduced into the collection system from satellite communities?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SUO-07	Are standards, inspections, and approval for new connections clearly documented in a SUO?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
SUO-08	Does the SUO require satellite communities to adopt the same industrial and commercial regulator discharge limits as the utility?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
SUO-09	Does the SUO require satellite communities to adopt the same inspection and sampling schedules as required by the pretreatment ordinance?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
SUO-10	Does the SUO require that satellite communities or the utility to issue control permits for significant industrial users?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
SUO-11	Does the SUO contain provisions for addressing overstrength wastewater from satellite communities?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

SUO-12	Does the SUO contain procedures for the following? (<i>Check all that apply</i>)	N/A
	<input type="checkbox"/> Inspection standards <input type="checkbox"/> Pretreatment requirements <input type="checkbox"/> Building/sewer permit issues	

SUO-13	Does the SUO contain general prohibitions of the following materials? (<i>Check all that apply</i>)	N/A
	<input type="checkbox"/> Fire and explosions hazards <input type="checkbox"/> Corrosive materials <input type="checkbox"/> Obstructive materials	
	<input type="checkbox"/> Oils or petroleum <input type="checkbox"/> Material which may cause interference at the wastewater treatment plant	

SUO-14	Does the SUO contain procedures and enforcement actions for the following? (<i>Check all that apply</i>)	N/A
	<input type="checkbox"/> Fats, oils, and grease (FOG) <input type="checkbox"/> Storm water connections to sanitary lines (downspouts)	
	<input type="checkbox"/> Infiltration and inflow <input type="checkbox"/> Defects in service laterals located on private property	
	<input type="checkbox"/> Building structures over the sewer lines <input type="checkbox"/> Sump pumps, air conditioner connections	

Organizational Structure (OC)

OC-01 Is an organizational chart available that shows the overall personnel structure for the utility, including operation and maintenance staff? ☒ YES ☐ NO

OC- 02 Are up-to-date job descriptions available that delineate responsibilities and authority for each position? ☒ YES ☐ NO

OC-03 Are the following items discussed in the job descriptions? *(Check all that apply)*

<input type="checkbox"/> Nature of work to be performed	<input type="checkbox"/> Examples of the types of work
<input type="checkbox"/> Minimum requirements for the position	<input type="checkbox"/> List of licenses required for the position
<input type="checkbox"/> Necessary special qualifications or certifications	<input type="checkbox"/> Performance measures or promotion potential

OC-04 What percent of staff positions are currently vacant? _____ %

OC-05 On average how long do positions remain vacant? *(months)* _____

OC-06 What percent of utility work is contracted out? _____ %

Sewer Rehab
SCADA Maintenance

Internal Communications (IC)

IC-01 Which of the following methods are used to communicate with utility staff? (*Check all that apply*)

☐ Regular meetings

☐ Bulletin boards

☐ E-mail

☐ Other (walkie talkie/pager)
Cell phones, radios

IC-02 How often are staff meetings held? (*e.g., Daily, Weekly, Monthly, etc.*)

Daily

IC-03 Are incentives offered to employees for performance improvements?

☒ YES

☐ NO

IC-04 Does the utility have an "Employee of the Month/Quarter/Year" program?

☒ YES

☐ NO

IC-05 How often are performance reviews conducted? (*e.g. Semi-annually, Annually, etc.*)

See Below

IC-06 Does the utility regularly communicate/coordinate with other municipal departments?

☒ YES

☐ NO

IC-05 - *Mid Year reviews are completed in November*
Annual Reviews are completed in February

Budgeting (BUD)

BUD-01	What is the average annual fee for residential users? <i>Wastewater only 8,000 gal used</i>	\$	
BUD-02	How often are user charges evaluated and adjusted? (<i>e.g. annually, biannually, etc.</i>)		
BUD-03	Are utility-generated funds used for non-utility programs?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
BUD-04	Are costs for collection system operation and maintenance (O&M) separated from other utility services such as water, storm water, and treatment plants? IF NO, GO TO QUESTION BUD-07.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
BUD-05	What is your average annual (O&M) budget?	\$	
BUD-06	What percentage of the utility's overall budget is allocated to maintenance of the collection system?		%
BUD-07	Does the utility have a Capital Improvement Plan (CIP) that provides for system repairs/replacements on a prioritized basis?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
BUD-08	What is your average annual CIP budget?	\$	
BUD-09	What percentage of the maintenance budget is allotted to the following maintenance?		
	Predictive maintenance (tracking design, life span, and scheduled parts replacements)		%
	Preventive maintenance (identifying and fixing system weaknesses which, if left unaddressed, could lead to overflows)		%
	Corrective maintenance (fixing system components that are functioning but not at 100% capacity/efficiency; for example partially blocked lines)		%
	Emergency maintenance (reactive maintenance, overflows, equipment breakdowns)		%
BUD-10	Does the utility have a budgeted program for the replacement of under-capacity pipes?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
BUD-11	Does the utility have a budgeted program for the replacement of over-capacity pipes?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Training (TR)

- TR-01 Does the utility have a formal job knowledge, skills, and abilities (KSA) training program? ☐ YES ☒ NO
- TR-02 Does the training program address the fundamental mission, goals, and policies of the utility? ☒ YES ☐ NO
- TR-03 Does the utility have mandatory training requirements identified for key employees? ☒ YES ☐ NO

TR-04 What percentage of employees met or exceeded their annual training goals during the past year? _____ %

- TR-05 Does the utility provide training in the following areas? *(Check all that apply)*
- | | | |
|---|---|--|
| <input type="checkbox"/> Safety | <input type="checkbox"/> Traffic control | <input type="checkbox"/> Public relations |
| <input type="checkbox"/> Routine line maintenance | <input type="checkbox"/> Record keeping | <input type="checkbox"/> SSO/Emergency response |
| <input type="checkbox"/> Confined space entry | <input type="checkbox"/> Electrical and instrumentation | <input type="checkbox"/> Pump station operations and maintenance |
| <input type="checkbox"/> Other | <input type="checkbox"/> Pipe repair | <input type="checkbox"/> CCTV and trench/shoring |
| | <input type="checkbox"/> Bursting CIPP | |

- TR-06 Are operator and maintenance certification programs used? IF NO, GO TO QUESTION TR-08 ☐ YES ☒ NO
- TR-07 Are operator and maintenance certification programs required? ☐ YES ☐ NO
- TR-08 Is on-the-job training progress and performance measured? ☐ YES ☒ NO

- TR-09 Which of the following methods are used to assess the effectiveness of the training? *(Check all that apply)*
- ☐ None ☐ Periodic testing ☐ Drills ☐ Demonstrations

TR-10 What percentage of the training offered by the utility is in the form of the following?

Manufacturer training _____ %	In-house classroom training _____ %
On-the-job training _____ %	Industry-wide training _____ %

Safety (SAF)

SAF-01	Does the utility have a written safety policy?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SAF-02	How often are safety procedures reviewed and revised? (<i>e.g. Semiannually, Annually, etc.</i>) Annually as Needed	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SAF-03	Does the utility have a safety committee?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SAF-04	Are regular safety meetings held with the utility employees?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SAF-05	Does the utility have a safety training program?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SAF-06	Are records of employee safety training kept up to date?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

SAF-07	Does the utility have written procedures for the following? (<i>Check all that apply</i>)	
	<input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Material safety data sheets (MSDS) <input type="checkbox"/> Chemical handling <input type="checkbox"/> Confined spaces permit program <input type="checkbox"/> Trenching and excavations safety	<input type="checkbox"/> Biological hazards in wastewater <input type="checkbox"/> Traffic control and work site safety <input type="checkbox"/> Electrical and mechanical systems <input type="checkbox"/> Pneumatic and hydraulic systems safety

SAF-08	What is your agency's lost-time injury rate?	_____ % or _____ hours
--------	--	------------------------

SAF-09	Are the following equipment items available and in adequate supply? (<i>Check all that apply</i>)	
	<input type="checkbox"/> Rubber/disposable gloves <input type="checkbox"/> Confined space ventilation equipment <input type="checkbox"/> Hard hats, safety glasses, rubber boots <input type="checkbox"/> Antibacterial soap and first aid kit <input type="checkbox"/> Tripods or non-entry rescue equipment <input type="checkbox"/> Fire extinguishers <input type="checkbox"/> Equipment to enter manholes <input type="checkbox"/> Portable crane/hoist <input type="checkbox"/> Atmospheric testing equipment and gas detectors <input type="checkbox"/> Oxygen sensors <input type="checkbox"/> H ₂ S Monitors	<input type="checkbox"/> Full body harness <input type="checkbox"/> Protective clothing <input type="checkbox"/> Traffic/public access control equipment <input type="checkbox"/> 5-minute escape breathing devices <input type="checkbox"/> Life preservers for lagoons <input type="checkbox"/> Safety buoy at activated sludge plants <input type="checkbox"/> Fiberglass or wooden ladders for electrical work <input type="checkbox"/> Respirators and/or self contained breathing apparatus <input type="checkbox"/> Methane gas or optical vector (OVA) analyzer <input type="checkbox"/> Lower explosion limit (LEL) metering

SAF-10	Are safety monitors clearly identified?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
--------	---	---	-----------------------------

Customer Service (CS)

CS-01 Does the utility have a customer service and public relations program? IF NO GO TO QUESTION CS-03 ☒ YES ☐ NO

CS-02	Does the customer service program include giving formal presentations on the wastewater field to the following? <i>(Check all that apply)</i>			
	<input type="checkbox"/> Schools and universities	<input type="checkbox"/> Local officials	<input type="checkbox"/> Media	<input type="checkbox"/> Building Inspector(s)
	<input type="checkbox"/> Community gatherings	<input type="checkbox"/> Businesses	<input type="checkbox"/> Citizens	<input type="checkbox"/> Public utility officials

CS-03 Are employees of the utility specifically trained in customer service? ☒ YES ☐ NO

CS-04 Are there sample correspondence, Q/A's, or "scripts" to help guide staff through written or oral responses to customers? ☒ YES ☐ NO

CS-05	What methods are used to notify the public of major construction or maintenance work? <i>(Check all that apply)</i>					
	<input type="checkbox"/> Door hangers	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Fliers	<input type="checkbox"/> Signs	<input type="checkbox"/> Other	<input type="checkbox"/> None
	<input type="checkbox"/> Public radio or T.V. announcements					

CS-06 Is a homeowner notified prior to construction that his/her property may be affected? ☒ YES ☐ NO

CS-07 Do you provide information to residents on cleanup and safety procedures following basement backups and overflows from manholes when they occur? ☒ YES ☐ NO

CS-08 Does the utility have a customer service evaluation program to obtain feedback from the community? ☒ YES ☐ NO

CS-09	Do customer service records include the following information? <i>(Check all that apply)</i>	
	<input type="checkbox"/> Personnel who received the complaint or request	<input type="checkbox"/> Name, address, and telephone number of customer
	<input type="checkbox"/> Nature of the complaint or request	<input type="checkbox"/> Location of the problem
	<input type="checkbox"/> To whom the follow-up action was assigned	<input type="checkbox"/> Date the follow up action was assigned
	<input type="checkbox"/> Date of the complaint or request	<input type="checkbox"/> Cause of the problem
	<input type="checkbox"/> Date the complaint or request was resolved	<input type="checkbox"/> Feedback to customer
	<input type="checkbox"/> Total days to end the problem	

CS-10 Does the utility have a goal for how quickly customer complaints (or emergency calls) are resolved? IF NO, GO TO THE NEXT PAGE. ☒ YES ☐ NO

CS-11	What percentage of customer complaints (or emergency calls) are resolved within the timeline goals?	<div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> %
-------	---	--

Equipment and Collection System Maintenance (ESM)

ESM-01 Is a maintenance card or record kept for each piece of mechanical equipment within the collection system? IF NO, GO TO QUESTION ESM-03. ☒ YES ☐ NO
Cityworks

ESM-02 Do equipment maintenance records include the following information? *(Check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Maintenance recommendations | <input type="checkbox"/> Maintenance schedule |
| <input type="checkbox"/> Instructions on conducting the specific maintenance activity | <input type="checkbox"/> A record of maintenance on the equipment to date |
| <input type="checkbox"/> Other observations on the equipment | |

ESM-03 Are dated tags used to show out-of-service equipment? ☒ YES ☐ NO

ESM-04 Is there an established system for prioritizing equipment maintenance needs? ☒ YES ☐ NO

ESM-05 What percent of repair funds are spent on emergency repairs? _____ %

ESM-06 Are corrective repair work orders backlogged more than six months? ☐ YES ☒ NO

ESM-07 Do collection system personnel coordinate with state, county, and local personnel on repairs, before the street is paved? ☒ YES ☐ NO
If needed

Equipment Parts Inventory (EPI)

EPI-01	Have critical spare parts been identified?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
EPI-02	Are adequate supplies on hand to allow for two point repairs in any part of the system?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
EPI-03	Is there a parts standardization policy in place?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
EPI-04	Does the utility have a central location for storing spare parts?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
EPI-05	Does the utility maintain a stock of spare parts on its maintenance vehicles?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
EPI-06	Does the utility have a system in place to track and maintain an accurate inventory of spare parts?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
EPI-07	For those parts which are not kept in inventory, does the utility have a readily available source or supplier?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Management Information System (MIS)

- MIS-01 Does the utility have a management information system (MIS) in place for tracking maintenance activities? *(Either electronic or good paper files)* IF NO, GO TO PAGE 15. *Cityworks* ☒ YES ☐ NO
- MIS-02 Are the MIS records maintained for a period of at least three years? ☒ YES ☐ NO
- MIS-03 Is the MIS able to distinguish activities taken in response to an overflow event? ☒ YES ☐ NO

- MIS-04 Are there written instructions for managing and tracking the following information? *(Check all that apply)*
- | | | |
|---|--|---|
| <input type="checkbox"/> Complaint work orders | <input type="checkbox"/> Scheduled inspections | <input type="checkbox"/> Compliance/overflow tracking |
| <input type="checkbox"/> Scheduled work orders | <input type="checkbox"/> Sewer system inventory | <input type="checkbox"/> Equipment/tools tracking |
| <input type="checkbox"/> Customer service | <input type="checkbox"/> Safety incidents | <input type="checkbox"/> Parts inventory |
| <input type="checkbox"/> Scheduled preventive maintenance | <input type="checkbox"/> Scheduled monitoring/sampling | |

- MIS-05 Do the written instructions for tracking procedures include the following information? *(Check all that apply)*
- | | |
|---|--|
| <input type="checkbox"/> Accessing data and information | <input type="checkbox"/> Updating the MIS |
| <input type="checkbox"/> Instructions for using the tracking system | <input type="checkbox"/> Developing and printing reports |

- MIS-06 How often is the management information system updated? *(Check one)*
- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Immediately | <input type="checkbox"/> Within one week of the “incident” |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> As time permits |

System Mapping (MAP)

MAP-01 Are “as built” plans (record drawings) or maps available for use by field crews in the office and in the field? ☒ YES ☐ NO

MAP-02 Is there a procedure for field crews to record changes or inaccuracies in the maps and update the mapping system? ☒ YES ☐ NO

MAP-03 Do the maps show the date the map was drafted and the date of the last revision? ☒ YES ☐ NO

MAP-04 Do the sewer line maps include the following? *(Check all that apply)*

<input type="checkbox"/> Scale	<input type="checkbox"/> Street names	<input type="checkbox"/> Pipe material
<input type="checkbox"/> North arrow	<input type="checkbox"/> SSOs occurrences/CSOs outfalls	<input type="checkbox"/> Pipe diameter
<input type="checkbox"/> Date the map was drafted	<input type="checkbox"/> Flow monitors	<input type="checkbox"/> Installation date
<input type="checkbox"/> Date of last revision	<input type="checkbox"/> Force mains	<input type="checkbox"/> Slope
<input type="checkbox"/> Service area boundaries	<input type="checkbox"/> Pump stations	<input type="checkbox"/> Manhole rim elevation
<input type="checkbox"/> Property lines	<input type="checkbox"/> Lined sewers	<input type="checkbox"/> Manhole coordinates
<input type="checkbox"/> Other landmarks (Roads, water bodies, etc.)	<input type="checkbox"/> Main, trunk, and interceptor sewers	<input type="checkbox"/> Manhole invert elevation
<input type="checkbox"/> Manhole and other access points	<input type="checkbox"/> Easement lines and dimensions	<input type="checkbox"/> Distance between manholes
<input type="checkbox"/> Location of building laterals		

All available if needed via Cityworks or OnBase

MAP-05 Are the following sewer attributes recorded? *(Check all that apply)*

<input type="checkbox"/> Size	<input type="checkbox"/> Invert elevation	<input type="checkbox"/> Separate/combined sewer
<input type="checkbox"/> Shape	<input type="checkbox"/> Material	<input type="checkbox"/> Installation Date

MAP-06 Are the following manhole attributes recorded? *(Check all that apply)*

<input type="checkbox"/> Shape	<input type="checkbox"/> Depth	<input type="checkbox"/> Age
<input type="checkbox"/> Type (e.g., precast, cast in place, etc.)	<input type="checkbox"/> Material	

MAP-07 Is there a systematic numbering and identification method/system established to identify sewer system manhole, sewer lines, and other items (pump stations, etc.)? ☒ YES ☐ NO

Internal TV Inspection (TVI)

- TVI-01 Does the utility have a standardized pipeline condition assessment program? ☒ YES ☐ NO
- TVI-02 Is internal TV inspection used to perform condition assessment? IF NO, GO TO PAGE 17. ☒ YES ☐ NO
- TVI-03 Are there written operation procedures and guidelines for the internal TV inspection program? ☒ YES ☐ NO

- TVI-04 Do the internal TV record logs include the following? *(Check all that apply)*
- | | |
|--|---|
| <input type="checkbox"/> Pipe size, type, length, and joint spacing | <input type="checkbox"/> Internal TV operator name |
| <input type="checkbox"/> Distance recorded by internal TV | <input type="checkbox"/> Cleanliness of the line |
| <input type="checkbox"/> Results of the internal TV inspection (including a structural rating) | <input type="checkbox"/> Location and identification of line being tele-vised by manholes |

- TVI-05 Is a rating system used to determine the severity of the defects found during the inspection process? ☒ YES ☐ NO
- TVI-06 Is there documentation explaining the codes used for internal TV results reporting? *PAPC/City's own coding* ☒ YES ☐ NO

- TVI-07 Approximately what percent of the total defects determined by TV inspection during the past 5 years were the following?
- | | |
|---|--------------------------|
| Failed coatings or linings _____ % | Line deflection _____ % |
| House connection leaks _____ % | Joint separation _____ % |
| Illegal connections _____ % | Crushed pipes _____ % |
| Pipe corrosion (H ₂ S) _____ % | Collapsed pipes _____ % |
| Fats, oil, and grease _____ % | Offset joints _____ % |
| Broken pipes _____ % | Root intrusions _____ % |
| Debris _____ % | Minor cracks _____ % |
| Other _____ % | |

- TVI-08 Are main line and lateral repairs checked by internal TV inspection after the repair(s) have been made? ☒ YES ☐ NO

Sewer Cleaning (CLN)

CLN-01	What is the system cleaning frequency? (the entire system is cleaned every "X" years)	_____
CLN-02	What is the utility's plan for system cleaning (% or frequency in years)?	_____
CLN-03	What percent of the sewer lines are cleaned, even high/repeat cleaning trouble spots, during the past year?	_____ %
CLN-04	Is there a program to identify sewer line segments, with chronic problems, that should be cleaned on a more frequent schedule?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CLN-05	Does the utility have a root control program?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CLN-06	Does the utility have a fats, oils, and grease (FOG) program?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CLN-07	What is the average number of stoppages experienced per mile of sewer pipe per year?	_____ %
CLN-08	Has the number of stoppages increased, decreased, or stayed the same over the past 5 years? <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Stayed the same	
CLN-09	Are stoppages plotted on maps and correlated with other data such as pipe size and material or location?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CLN-10	Do the sewer cleaning records include the following information? <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Date and time <input type="checkbox"/> Cause of stoppage </div> <div> <input type="checkbox"/> Method of cleaning <input type="checkbox"/> Location of stoppage or routine cleaning activity </div> <div> <input type="checkbox"/> Identity of cleaning crew <input type="checkbox"/> Further actions necessary/initiated </div> </div>	
CLN-11	If sewer cleaning is done by a contractor are videos taken of before and after cleaning?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Cleaning not done by contractors

Manhole Inspection and Assessment (MAN)

MAN-01 Does the utility have a routine manhole inspection and assessment program? IF NO, GO TO QUESTION MAN-06. ☒ YES ☐ NO

MAN-02 Are the results and observations from the routine manhole inspections recorded? ☒ YES ☐ NO

MAN-03 Does the utility have a goal for the number of manholes inspected annually? ☐ YES ☐ NO

MAN-04 How many manholes were inspected during the past year? _____

MAN-05 Do the records for manhole/pipe inspection include the following? *(Check all that apply)*

<input type="checkbox"/> Conditions of the frame and cover	<input type="checkbox"/> Presence of corrosion
<input type="checkbox"/> Evidence of surcharge	<input type="checkbox"/> If repair is necessary
<input type="checkbox"/> Offsets or misalignments	<input type="checkbox"/> Manhole identifying number/location
<input type="checkbox"/> Atmospheric hazards measurements (especially hydrogen sulfide)	<input type="checkbox"/> Wastewater flow characteristics (flowing freely or backed up)
<input type="checkbox"/> Details on the root cause of cracks or breaks in the manhole or pipe including blockages	<input type="checkbox"/> Accumulations of grease, debris, or grit
<input type="checkbox"/> Recording conditions of (corbel, walls, bench, trough, and pipe seals)	<input type="checkbox"/> Presence of infiltration, location, and estimated quantity
	<input type="checkbox"/> Inflow from manhole covers

MAN-06 Does the utility have a grouting program? *As Needed* ☒ YES ☐ NO

Pump Stations (PS)

PS-01	Are Standard Operation Procedures (SOPs) and Standard Maintenance Procedures (SMPs) used for each pump station?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
PS-02	Are there enough trained personnel to properly maintain all pump stations?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
PS-03	Is there an emergency operating procedure for each pump station?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
PS-04	Is there an alarm system to notify personnel of pump station failures and overflow?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
PS-05	Percent of pump stations with back up power sources	_____ %	
PS-06	Does the utility use the following methods when loss of power occurs? <i>(Check all that apply)</i> <input type="checkbox"/> On-site electrical generators <input type="checkbox"/> Portable electric generators <input type="checkbox"/> Alternate power source <input type="checkbox"/> Other <input type="checkbox"/> Vacuum trucks to bypass pump station	Bypass pumping	
PS-07	Is there a procedure for manipulating pump operations (manually or automatically) during wet weather to increase in-line storage of wet weather flows?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
PS-08	Are wet well operating levels set to limit pump start/stops?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
PS-09	Are the lead, lag, and backup pumps rotated regularly?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
PS-10	Are operation logs maintained for all pump stations?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
PS-11	Are the original manuals that contain the manufacturers recommended maintenance schedules for all pump station equipment easily available?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
PS-12	On average, how often were pump stations inspected during the past year?	_____	
PS-13	Are records maintained for each inspection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
PS-14	Average annual labor hours spent on pump station inspection	_____	
PS-15	Percent of pump stations with pump capacity redundancy	_____ %	
PS-16	Percent of pump stations with dry weather capacity limitations	_____ %	
PS-17	Percent of pump stations with wet weather capacity limitations	_____ %	
PS-18	Percent of pump stations calibrated annually	_____ %	
PS-19	Percent of pump stations with permanent flow meters	_____ %	

Capacity Assessment (CA)

CA-01	Does the utility have a flow monitoring program?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
CA-02	Does the utility have a comprehensive capacity assessment and planning program?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
CA-03	Are flows measured prior to allowing new connections?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
CA-04	Do you have a tool (hydraulic model, spreadsheet, etc.) for assessing whether adequate capacity exists in the sewer system? IF NO, GO TO QUESTION CA-06.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
CA-05	Does your capacity assessment tool produce results consistent with conditions observed in the system?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CA-06	What is the ratio of peak wet weather flow to average dry weather flow at the wastewater treatment plant?	_____
-------	---	-------

CA-07	How many permanent flow meters are currently in the system? <i>(Include meters at pump stations and wastewater treatment plants)</i>	_____
-------	--	-------

CA-08	How frequently are the flow meters checked? <i>(e.g. Daily, Weekly, Monthly, etc.)</i>	_____
-------	--	-------

CA-09	Do the flow meter checks include the following? <i>(Check all that apply)</i>		
	<input type="checkbox"/> Independent water level	<input type="checkbox"/> Velocity reading	<input type="checkbox"/> Downloading data
	<input type="checkbox"/> Checking the desiccant	<input type="checkbox"/> Cleaning away debris	<input type="checkbox"/> Battery condition

CA-10	Are records maintained for each inspection? IF NO, GO TO QUESTION CA-12.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
-------	--	---	-----------------------------

CA-11	Do the flow monitoring records include the following? <i>(Check all that apply)</i>		
	<input type="checkbox"/> Descriptive location of flow meter	<input type="checkbox"/> Frequency of flow meter inspection	
	<input type="checkbox"/> Type of flow meter	<input type="checkbox"/> Frequency of flow meter calibration	

CA-12	Does the utility maintain any rain gauges or have access to local rainfall data?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
CA-13	Does the utility have any wet weather capacity problems?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
CA-14	Are low points or flood-plain areas monitored during rain events?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
CA-15	Does the utility have any dry weather capacity problems?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
CA-16	Is flow monitoring used for billing purposes, capacity analysis, and/or inflow and infiltration investigations? <i>All of the above</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Tracking SSOs (TRK)

TRK-01 How many SSO events have been reported in the past 5 years? _____

TRK-02 What percent of the SSOs were less than 1,000 gallons in the past 5 years ? _____ %

TRK-03 Does the utility document and report all SSOs regardless of size? ☒ YES ☐ NO

TRK-04 Does the utility document basement backups? ☒ YES ☐ NO

TRK-05 Are there areas that experience frequent basement or street flooding? ☒ YES ☐ NO

TRK-06 Approximately what percent of SSOs discharges were from each of the following in the last 5 years?

Manholes _____ %	Main and trunk sewers _____ %	Structural bypasses _____ %
Pump stations _____ %	Lateral and branch sewers _____ %	Wet Weather Lagoons _____ %

TRK-07 Approximately what percent of SSOs discharges were caused by the following in the last 5 years?

Debris buildup _____ %	Root intrusion _____ %	Excessive infiltration and inflow _____ %
Collapsed pipe _____ %	Capacity limitations _____ %	Fats, oil, and grease _____ %
Vandalism _____ %		

TRK-07A What percentage of SSOs were released to:

Soil _____ %	Basements _____ %	Paved area _____ %
Surface water (rivers/lakes/streams) _____ %	Coastal, ocean, beaches _____ %	

TRK-07B For surface water releases, what percent are to areas that could affect:

Contact recreation (beaches, swimming, areas) _____ %	Drinking water sources _____ %
Shellfish growing areas _____ %	

TRK-08 How many chronic SSO locations are in the collection system? _____

TRK-09 Are pipes with chronic SSOs being monitored for sufficient capacity and/or structural condition? ☒ YES ☐ NO

TRK-10 Prior to collapse, are structurally deteriorating pipelines being monitored for renewal or replacement? ☒ YES ☐ NO

Overflow Emergency Response Plan (OERP)

OERP-01 Does the utility have a documented OERP available for utility staff to use? IF NO, GO TO QUESTION OERP-04. ☒ YES ☐ NO

OERP-02 How often is the OERP reviewed and updated? (*Annually, Biannually, etc.*) _____

OERP-03 Are specific responsibilities detailed in the OERP for personnel who respond to emergencies? ☒ YES ☐ NO

OERP-04 Are staff continuously trained and drilled to respond to emergency situations? ☒ YES ☐ NO

OERP-05 Do work crews have immediate access to tools and equipment during emergencies? ☒ YES ☐ NO

OERP-06 Does the utility have standard procedures for notifying state agencies, local health departments, the NPDES authority, the public, and drinking water authorities of significant overflow events? ☒ YES ☐ NO

OERP-07 Does the procedure include a current list of the names, titles, phone numbers, and responsibilities of all personnel involved? ☒ YES ☐ NO

OERP-08 Does the utility have a public notification plan? ☒ YES ☐ NO

OERP-09 Does the utility have procedures to limit public access to and contact with areas affected with SSOs? (*Procedure can be delegated to another authority*) ☒ YES ☐ NO

OERP-10 Does the utility use containment techniques to protect the storm drainage systems? ☒ YES ☐ NO

OERP-11 Do the overflow records include the following information? (*Check all that apply*)

<input type="checkbox"/> Date and time	<input type="checkbox"/> Location	<input type="checkbox"/> Any remediation efforts
<input type="checkbox"/> Cause s)	<input type="checkbox"/> How it was stopped	<input type="checkbox"/> Estimated flow/volume discharged
<input type="checkbox"/> Names of affected receiving water(s)	<input type="checkbox"/> Duration of overflow	

OERP-12 Does the utility have signage to keep public from effected area? ☒ YES ☐ NO

Smoke and Dye Testing (SDT)

SDT-01	Does the utility have a smoke testing program to identify sources of inflow and infiltration?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SDT-01A	Does the utility have a smoke testing program to identify sources of inflow and infiltration in illegal connectors?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SDT-01B	Does the utility have a smoke testing program to identify sources of inflow and infiltration in house laterals (private service laterals)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SDT-02	Are there written procedures for the frequency and schedule of smoke testing?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SDT-03	Is there a documented procedure for isolating line segments?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SDT-04	Is there a documented procedure for notifying local residents that smoke testing will be conducted in their area <i>All of the above, only if needed</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SDT-05	What is the guideline for the maximum amount of the line to be tested at one time? (Feet or Miles)	<input type="text"/>	
SDT-06	Are there guidelines for the weather conditions under which smoke testing should be conducted?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
SDT-07	Does the utility have a goal for the percent of the system smoke tested each year?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
SDT-08	What percent of the system has been smoke tested over the past year?	<input type="text"/> %	
SDT-09	Do the written records contain location, address, and description of the smoking element that produced a positive result?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SDT-10	Does the utility have a dye testing program?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SDT-11	Are there written procedures for dye testing?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
SDT-12	Does the utility have a goal for the percent of the system dye tested each year?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
SDT-13	What percent of the main collection system has been dye tested over the past year?	<input type="text"/> %	
SDT-14	Does the utility share smoke and dye testing equipment with another utility?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Hydrogen Sulfide Monitoring and Control (HSMC)

HSMC-01 How would you rate the systems vulnerability for hydrogen sulfide corrosion? *(Check only one)*

- ☐ Not a problem ☐ Only in a few isolated areas ☐ A major problem

HSCM-02 Does the utility have a corrosion control program?

☒ YES ☐ NO

HSCM-03 Does the utility take hydrogen sulfide corrosion into consideration when designing new or replacement sewers?

☒ YES ☐ NO

HSCM-04 Does the utility have written procedures for the application of chemical dosages?

☐ YES ☒ NO

HSCM-05 Are the chemical dosages, dates, and locations documented?

☐ YES ☒ NO

HSCM-06 Does the utility document where odor is a continual problem in the system?

☒ YES ☐ NO

HSCM-07 Does the utility have a program in place for renewing or replacing severely corroded sewer lines to prevent collapse?

☒ YES ☐ NO

HSCM-08 Are the following methods used for hydrogen sulfide control? *(Check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Aeration | <input type="checkbox"/> Chlorine | <input type="checkbox"/> Potassium permanganate |
| <input type="checkbox"/> Iron salts | <input type="checkbox"/> Sodium hydroxide | <input type="checkbox"/> Biofiltration |
| <input type="checkbox"/> Enzymes | <input type="checkbox"/> Hydrogen peroxide | <input type="checkbox"/> Other - Replacement/Rehab |
| <input type="checkbox"/> Activated charcoal canisters | | |

HSCM-09 Does the system contain air relief valves at the high points of the force main system?

☒ YES ☐ NO

HSCM-10 How often are the valves maintained and inspected? *(Weekly, Monthly, etc.)*

HSMC-11 Does the utility enforce pretreatment requirements?

☒ YES ☐ NO

Infrastructure Security

Although outside the scope of a CMOM program, municipal wastewater utilities should also consider security vulnerabilities. To reduce the threat of both intentional and natural disasters, the utility should take steps to implement appropriate countermeasures and develop or update emergency response plans.